CHEMICAL INVENTORY WORKSHEET						
LOCATION OR SITE: (Where chemicals are stored)		DATE:	DATE:		Submit To:	
ORGANIZATION OR COMPANY:			AS10 Building 4249, Room 100F			
P.O.C.: (Person responsible for chemical management)		PHONE NUMBER:		Questions Call: 544-6007 or 544-6304		
PRODUCT NAME	PART NUMBER	MANUFACTURER NAME	CONTAINER SIZE (UOM)		NO. OF CONTAINERS	

CHEMICAL INVENTORY WORKSHEET DEFINITIONS

LOCATION OR SITE: Where chemicals are stored

DATE: The date the inventory is complete

ORGANIZATION OR COMPANY: Self-explanatory

P.O.C.: Person responsible for chemical management

PHONE NUMBER: Self-explanatory

PRODUCT NAME: Self-explanatory

PART NUMBER: If available

MANUFACTURER NAME: Self-explanatory

CONTAINER SIZE (UOM): Amount and Unit of Measure (e.g. 1 gal, 50 gal, 1 qt, 10 kg)

NO. OF CONTAINERS: Self-explanatory